TREATMENT ASSISTANCE PROGRAM AGENCY ENROLLMENT APPLICATION

SECTION A – AGENCY IN	FORMATION				
AGENCY/PRACTICE NAME	E:				
FEDERAL TAX ID:					
ADDRESS:					
		city	state	zip	
PHONE:	FAX:	E-mail:			
PRINCIPLE NAME:					
	TREATMENT COUNSELOR I providing TAP services. Each incentation.		nplete a staff enroll	l ment form (attac	hed)
		Position Title			

SECTION C - PROGRAM INFORMATION

Respond to the following items. Responses shall include any information about experience and/or expertise that demonstrates ability to provide the services requested. Information submitted under this section will be a significant consideration in the OPG determining the amount of funding potentially available to the applicant over the course of the contract year.

- **A.** Describe the design/proposed design of Treatment Assistance Program services at your agency/practice. Include information about where services will be delivered and any special or unique services that you or your agency will offer.
- **B.** Describe the target population of your proposed service. Include any special populations for which your agency/practice has expertise such as specific age groups, gender, geographic locations, foreign languages, ethnic groups, and presenting problems such as substance abuse, legal issues, etc.

- **C.** Describe how your agency/practice will increase the participation of affected persons in the treatment process for problem gamblers.
- **D.** Describe how your agency/practice has historically received referrals for problem gambling services and any plans the agency has for maintaining, changing or improving the process in the 2006 calendar year.
- **E.** Submit professional liability insurance certificate documenting compliance with insurance requirements delineated in the Uniform Terms and Conditions.

NOTICE - VENDOR REGISTRATION

To be eligible for a contract for outpatient services you must be registered with SPIRIT, the State of Arizona's electronic procurement system. Failure to register with SPIRIT will prohibit the Department of Gaming from contracting with your agency.

To register with SPIRIT, go on the internet to www.spirit.az.gov and follow the directions to register. Enter commodity code 0952-0900 when registering. Please complete this process PRIOR to sending in your application to avoid delays in processing.

I certify that the information provided on this form is true and correct. I will notify the Office of Problem Gambling Treatment Administrator of any additions/changes to the information.								
Name (Please print)	Title							
Signature								

Mail the complete application along with supporting documentation to:
Arizona Office of Problem Gambling

Attn: Treatment Administrator 202 East Earll, Suite 200 Phoenix, AZ 85048

TREATMENT ASSISTANCE PROGRAM STAFF ENROLLMENT FORM

All staff providing TAP services under an agency contract must separately complete this form and submit all required documentation.

SECTION	N A – INDIVII	DUAL INFO	ORMATIO	N						
NAME:SOCIAL SECURITY #:							<u>!</u> ;			
	first	middle		last						
ADDRESS:	<u> </u>									
ABBILLOO.					city		state	zip		
PHONE:			FAX:			E-mail:				
SECTION B – MINIMUM ELIGIBILITY REQUIREMENTS PROFESSIONAL LICENSES (Submit copies of all licenses):										
LICENSE		LICENSE			SSUING BOD		DATE VAL	ID THROUGH		
Doo by the Offic problem ga gambling; a	licensed in Arizo AN cument at least 3 se of Problem Ga mbling knowledg and 12 hours of ir OR ionally Certified C	D classroom I mbling. The 3 e; 6 hours of andividual and a	nours of gam 30 hours of t assessment group therap	nbling s raining of prob by techr	pecific training must include t lem gamblers;	(<u>enclose veri</u> he following d 6 hours in fin	omain areas: (ancial aspects			
SECTION	N D: Clinical su	ıpervision								
Manual), th	dual is required to e individual must must be someor	indicate belo	w who will be	e provi	ding clinical su			01 of TAP Provider all providing		
Name of Su	upervisor:				Phone #:_					
Address:	E-Mail:									
Credentials	of person provid	ing supervisio	n:					<u> </u>		
	rvisor is not a c isor, detailing t							greement, from ervision to be		